



2301 Argonne Drive, Baltimore, MD 21218 • Phone: 410-243-7495 • Fax: 410-467-3873

**PROJECT REIMBURSEMENT VOUCHER**

- 1) All items must be pre-approved
- 2) Submit immediately
- 3) Receipts must be attached

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**EXPENSES**

Date	Project Name	Project #	Vendor	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by: \_\_\_\_\_ Post # \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_